

# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600328	(	CITY OR TOWN SPRINGFIELD			
APPLICATION FOR RENEWAL:	Seasonal	Seasonal LICENSED FOR 2013			
	CLASS	YEAR	_		
LICENSEE NAME: Springfield Lodge	of Elks #61				
DOING BUSINESS A Springfield Lodg	ge of Elks				
ADDRESS 440 Rear tiffany St					
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE: 01103			
MANAGER: Avazzie, Raynond TY	PE OF LICENSE:Com	mercial club CATEGORY: All A	lcohol		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EMA	IL ADDRESS			
DESCRIPTION OF LICENSED PREMI	ISES:				
outdoor pavilion	a a f a air 41- a 4.				
I hereby certify and swear under penaltie  1. the renewed license will be of		omo promisos now liconsod:			
2. the licensee has complied with	· =	=			
3. the premises are now open for		•			
	(				
SIGNED BY:					
	r or Authorized Corpora	nte Officer			
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NU	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: NOT Individual Social Security I	Number)		
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head o	of the fire department for the above	!		
Please Check Below:		LOCAL LICENSING AUTHORITY	•		
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
		-			

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 122600356		CITY OR TOWN	SPRINGFII	ELD
APPLICATION	FOR RENEWAL:	L: Seasonal LICENSED FOR 2013		013	
		CLASS			YEAR
LICENSEE NA	ME: KIMI LLC				
DOING BUSIN	ESS A THE GRILL	ON THE HILL			
ADDRESS 1059	9 S BRANCH PARK	WAY			
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
	WEAVER, WILLIAM M	TYPE OF LICENSE:Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:				
1620 SF SINGLE I hereby certify a  1. the re 2. the li	and swear under pena enewed license will b icensee has complied	SERVICE AND STORAGE	nonwealth relating to		
SIGNED BY:	Individual, Pa	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Acts of 2004, s	igned by the buildin	e are in possession (1) the g inspector and the head te of liquor liability insu	l of the fire departr	nent for the	above
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					

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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	22600378		CITY OR TOWN	SPRINGFI	ELD	
APPLICATION FOR R	RENEWAL:	Seasonal	LICEN	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME: N	MGB, INC.					
DOING BUSINESS A	ELEGANT AFFAIR	S				
ADDRESS 619A DWIG	GHT ROAD					
CITY/TOWN: SPRIN	GFIELD	STATE: MA	ZIP CODE:	01103		
MANAGER: BOXOL MARGA	*	OF LICENSE:Res	staurant CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
PLF	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF LIG	CENSED PREMISES	S:				
WOOD STRUCTURE (10 CUSTOMER WINDOW V PATIO AND GOLF COU	WITH PORTABLE CO	UNTER AREA. EX	TERIOR CHAIR AN		UTSIDE	
I hereby certify and swe	ear under penalties of	perjury that:				
1. the renewed	license will be of the	same type for the	same premises now	licensed;		
2. the licensee	has complied with all	laws of the Com	nonwealth relating to	o taxes; and		
3. the premises	are now open for bus	siness (If not expl	ain below)			
SIGNED BY:	Call 11 at Dagana	A 41 - 2 - 1 Com	020			
1	Individual, Partner or	Authorized Corpo	orate Officer			
DATE:	TELEDIJONE N	HIMDED.	FMPI OYFR	IDENTIFICAT	ION NUMBER:	
TELEPHONE NUMBER:			EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)			
					•	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building inspe	ctor and the head	d of the fire departı	ment for the	above	
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:	7		By:			
DISAPPROVED:						
(If disapproved explain)	)					
DATE:						
·						

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